# SUGGESTION EVALUATION REPORT

STD. 645A (REV. 4-95 (REVERSE) FMC

#### INSTRUCTIONS FOR CALCULATING AWARDS WHERE BENEFITS ARE INTANGIBLE

- Apply the following point scales to those adopted suggestions where monetary value or savings cannot be calculated. These scales were effective as of January 1, 1993.
- Proven monetary savings may be included in combination with intangible benefits to arrive at an equitable award. Evaluators may recommend such combination but must justify the reasons.
- Please note that safety suggestions are subject to a separate point system. (SEE IMPROVED SAFETY SCALE BELOW.)
- Awards for 'improved procedures' may not be included in combination with 'improved safety' since improved procedure has been incorporated in the Improved Safety Scale.

#### **Circle Evaluation Factors below**

	IMPROVI	ED PROCEI	DURES			
	EXTENT OF APPLICATION					
DEGREE	NAI	RROW	ВГ	BROAD		
OF BENEFIT	FREQUENCY OF OCCURRENCE					
DENETTI	LOW	HIGH	LOW	HIGH		
MINOR	\$ 50	\$ 65	\$ 75	\$ 85		
MODERATE	\$ 70	\$ 85	\$ 95	\$105		
MARKED	\$ 95	\$110	\$125	*\$150		

# **Extent of Application**

- Narrow—Limited in application. Affects the program or function and/or the policies and procedures of one or more units within a division, branch, region, or district.
- Broad—Of wide scope or application. Affects one or more major programs and/or policies and procedures of one or more divisions, branches, regions, or districts.

## **Frequency of Occurrence**

- Low—Relatively small in amount (seldom to occasionally).
- High—Greater than is usual or normal in amount (frequently).

# **Degree of Benefit**

- Minor—Change or modification which provides a slight improvement in methods, forms, facilities, equipment, etc.
- Moderate—Average change or modification in same.
- Marked—Exceptional change or modification in same.

Award Amount from Scale	\$
to the Public (if applicable) +	\$
Total Improved Procedures Award:	\$
*Total award amount cannot exceed \$150.	

		IM	PROVED SA	AFETY SCA	LE	·	<u> </u>	·	
EVALUATION FACTORS				P	OINT VALUE	:			
LTALOATION LAOTONO	9	8	7	6	5	4	3	2	1
Number of people exposed to hazard at any one time	Thirty-one or more	Twenty-six to thirty	Twenty-one to twenty-	Sixteen to twenty	Eleven to fifteen	Seven to ten	Five to six	Three to four	One to two
Extent of potential injury or illness (most likely to occur)	Death			Serious injury			Minor injury		Discomfort
Probability of occurrence of accident	High—two or more per year			Moderate— one per year			Low—less than one per year		
Frequency of people exposed to this hazard	More than one per hour	One per hour	One in two hours	One per day	One in two days	One per week	One in two weeks	One per month	Less than one per month
5. Seriousness of hazard	Serious hazard			Moderate hazard			Minor hazard		
6. Effectiveness of improvement	Eliminates hazard			Appreciably limits effects of hazard			Slightly reduces hazard		
7. Cost of adoption					Small/ none		Moderate		Large
SAFETY Points AWARD 13 and under SCALE 14 and above	to a r	maximum of \$		ove 13,	•	ue should b not mark bl	e designated f ank areas.)	or each eval	uation
TOTAL POINTS	\$	ROPOSED SAFE	TY AWARD						

# SUGGESTION EVALUATION REPORT

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An Evaluator's Handbook is available to Contact your Department Merit Aw	SUGGESTION NUMBER		DATE RECEIVED		
SUGGESTER'S NAME	SUGGESTION TITLE				
SUGGESTER'S DEPARTMENT					
QUESTIO	NS FOR THE EVALUATOR	YES	PARTIAL	ALTERNATE	NO
<ol> <li>Has or will your department adopt the above a result of this idea? If alternate or partial ado</li> </ol>		S			
<ul> <li>2. IF ADOPTED: PROOF OF IMPLEMENTATION</li> <li>Give actual or estimated first-year savings</li> <li>Explain how amount was calculated</li> <li>Compare old and new method costs.</li> </ul>		and amortization		IF ADOPTED, E IMPLEMENTAT	

### 3. **IF NOT ADOPTED:**

- Give specific reasons.
- Notify suggester of appeal rights (This is the responsibility of the Merit Award Administrator.)

TO BE COMPLETED BY EMPLOYING DEPARTMENT IF ADOPTED	YES	NO
<ol><li>Was this problem specifically assigned to suggester for development or solution? If "YES", please explain under "Comments".</li></ol>		
<ol> <li>Was development of this idea clearly within the scope of the suggester's normal duties? If YES, explain under "Comments". (Attach Duty Statement.)</li> </ol>		

NOTE: If you need assistance answering questions 4 and 5, please contact your Department's Merit Award Administrator.

COMMENTS (Attach separate sheet for additional comments)

EVALUATOR'S SIGNATURE	EVALUATOR'S NAME (Typed or Printed)	TELEPHONE/CALNET NUMBER	DATE SIGNED
MERIT AWARD ADMINISTRATOR'S SIGNATURE	MERIT AWARD ADMINISTRATOR'S NAME (Typed or Printed)	TELEPHONE/CALNET NUMBER	DATE SIGNED
REVIEWING OFFICER'S SIGNATURE	REVIEWING OFFICER'S NAME (Typed or Printed)	TELEPHONE/CALNET NUMBER	DATE SIGNED

DEPARTMENT NAME